

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Gila

District of _____

Town of _____

or
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 126

County Registrar No. _____

Local Registrar No. 238

No. County Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Albert Dale Murray If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other - 5. No., in order of birth - 6. Legitimate? yes 7. Date of birth Nov. 4, 1926
Month day year

8. FATHER
Full name Albert Siler Murray
9. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state

10. Color or race white 11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Floresville, Texas
(State or country)

13. Occupation
Nature of industry clerk

14. MOTHER
Full maiden name June Elster
15. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state

16. Color or race white 17. Age at last birthday 21 (Years)

18. Birthplace (city or place) San Francisco, Cal.
(State or country)

19. Occupation
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living one (b) Born alive but now dead none (c) Stillborn none 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:45 a.m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Signature T. C. Harper, M. D. (Physician or midwife)
Address Globe, Arizona

Given name added from supplemental report _____ Filed 11-30 1926 H. H. Hunt
Month, day, year. Local Registrar.

Registrar _____ County Registrar.

148-1104-159